

REPORTS INVENTORY						CONTROL NO.			
PREPARE IN DUPLICATE						DDS/IPC-08			
1. TITLE OF REPORT (If a fill-in report include Form No.)						2. TYPE OF REPORT			
IHC Report						STATISTICAL			
						<input checked="" type="checkbox"/> NARRATIVE			
						MACHINE-NAME LISTING			
3. FUNCTIONAL AREA		<input checked="" type="checkbox"/> PERSONNEL	<input checked="" type="checkbox"/> TRAINING	<input checked="" type="checkbox"/> Commo		ADMIN. GENERAL OTHER (specify) ADP			
		<input checked="" type="checkbox"/> LOGISTICS	<input checked="" type="checkbox"/> SECURITY						
		<input checked="" type="checkbox"/> MEDICAL	<input checked="" type="checkbox"/> FINANCE						
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not number of copies)				
2		Semi Annual			2 - OPPB				
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT				
Memorandum		IF YES GIVE ADP PROCESSING NO.							
				IHC-D-130/4					
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)					
Directorate				Received from 7 DD/S Directorates, worked, consolidated, and fed to OPPB					
12. COST FACTORS									
A. MANUAL PREPARATION AND REVIEW COSTS									
GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	=	COST PER YEAR		
13	9.40	24		\$225.60	2		\$451.20		
B. COSTS OF COMPUTER PRODUCED REPORTS									
TOTAL COSTS PER YEAR									
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.									
USIB & PFIAB requirement - May 1970									
14. FUTURE GOALS									
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS			
						MAN-HOURS		DOLLARS	
<input type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						N/A			
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION							
		Approved For Release 2006/11/13 : CIA-RDP75-00399R000100190038-6							